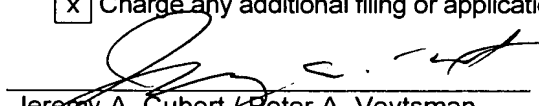




| AMENDMENT TRANSMITTAL LETTER   |   |   | Docket No.<br>A8225.0003/P003-A   |               |
|--|---|---|-----------------------------------|---------------|
| Application No.<br>10/752,189-Conf. #2617  | Filing Date<br>January 5, 2004            | Examiner<br>C. E. O'Connor              | Art Unit<br>3732                  |               |
| Applicant(s): Richard D. Cottrell  |   |   |                                   |               |
| Invention: MODIFIED DENTAL IMPLANT FIXTURE   |   |   |                                   |               |
| <b>TO THE COMMISSIONER FOR PATENTS</b>   |   |   |                                   |               |
| Transmitted herewith is an amendment in the above-identified application.<br>The fee has been calculated and is transmitted as shown below.  |   |   |                                   |               |
| <b>CLAIMS AS AMENDED</b>   |   |   |                                   |               |
|  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate          |
| Total Claims   | 13  | - 83 =                                  |                                   | x             |
| Independent<br>Claims  | 1   | - 9 =                                   |                                   | x             |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |   |   |                                   |               |
| Other fee (please specify): Extension for response within first month  |   |   |                                   | 120.00        |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>  |   |   |                                   | <b>120.00</b> |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity   |   |   |                                   |               |
| <input type="checkbox"/> No additional fee is required for this amendment.   |   |   |                                   |               |
| <input type="checkbox"/> Please charge Deposit Account No. <u>04-1073</u> in the amount of \$ _____<br>A duplicate copy of this sheet is enclosed.   |   |   |                                   |               |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.  |   |   |                                   |               |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |   |   |                                   |               |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u><br>as described below. A duplicate copy of this sheet is enclosed. |   |   |                                   |               |
| <input checked="" type="checkbox"/> Credit any overpayment.  |   |   |                                   |               |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.   |   |   |                                   |               |
| <br>Jeremy A. Cubert / Peter A. Veytsman<br>Attorney/Agent Reg. No.: 40,399 / 45,920                          |   |   | Dated: <u>February 6, 2007</u>    |               |
| DICKSTEIN SHAPIRO LLP<br>1825 Eye Street, NW<br>Washington, DC 20006-5403<br>(202) 420-2684  |   |   |                                   |               |